


FINANCIAL WORKSHOP

ROTORUA
Pacific Islands
Development
CHARITABLE TRUST



Registration Form

FAMILY NAME		FIRST NAME	
Family Members Attending <i>This is required for catering purposes only.</i> 	Name 1: _____		DOB: ___ / ___ / ___
	Name 2: _____		DOB: ___ / ___ / ___
	Name 3: _____		DOB: ___ / ___ / ___
	Name 4: _____		DOB: ___ / ___ / ___
	Name 5: _____		DOB: ___ / ___ / ___
Ethnicity (please tick the boxes that apply to you your family) : <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island <input type="checkbox"/> Fijian <input type="checkbox"/> Niue <input type="checkbox"/> Tokelauan <input type="checkbox"/> Kiribati <input type="checkbox"/> NZ Maori <input type="checkbox"/> Other _____			
I give permission that my family will be taking part in the Financial Workshop 2021 and commit to attending all 6 days of the programme Please tick the box that applies to you: <input type="checkbox"/> YES / <input type="checkbox"/> NO			
I give permission that photos or videos of my family can be taken for Whanau Ora purposes Please tick the box that applies to you: <input type="checkbox"/> YES / <input type="checkbox"/> NO			
Are you a member of Whanau Ora? Please tick the box that applies to you: <input type="checkbox"/> YES / <input type="checkbox"/> NO			
I'm happy to be contacted about future events run by Rotorua Pacific Islands Development Charitable Trust (Whanau Ora) Please tick the box that applies to you: <input type="checkbox"/> YES / <input type="checkbox"/> NO			
<u>MEDICAL HISTORY</u> Please state any medical history that we need to know: _____ _____ Are you allergic to anything? _____ List of Medications? _____			
Primary Contract Person to SIGN: _____ Date: ___ / ___ / ___			

RETURN THE FORM TO THE RPIDCT OFFICE OR VIA EMAIL: tupou.cook@rpidct.nz or mereulua.thomas@rpidct.nz

